

Seasonal Product Return Authorization Document

Retail Outlet Details

Name: _____

Store ID: _____

Address: _____

Contact Person: _____

Phone: _____

Return Authorization

Document No.: _____

Date Issued: _____

Return Window: _____

Products Authorized for Return

SKU / Product Code	Product Description	Season	Quantity	Condition	Reason for Return

Return Instructions / Notes

Authorized By
(Name & Signature)

Retail Outlet Representative
(Name & Signature)

Date